



2021 Apr-01 PM 02:03  
U.S. DISTRICT COURT  
N.D. OF ALABAMA

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>Medicredit, Inc.</b> c/o CT Corporation System., as registered agent 2 N. Jackson Street Suite 605 Montgomery, Alabama 36104</p> <p> 90 9402 5086 9092 3775 36</p> <p>2. Article Number (Transfer from service label) 7019 1120 0000 4434 3979</p>	<p>A. Signature X <i>Jennifer Ackwood</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>FILED MAR 31 2021</i></p> <p>C. Date of Delivery <i>MAR 29 2021</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery (00)  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery         </p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #	
<p> 9590 9402 5086 9092 3775 36</p>	<p>First-Class Mail Postage &amp; Fees Paid USPS Permit No. G-10</p>
<p><b>United States Postal Service</b></p>	<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <p><b>Clerk, United States District Court</b> <b>Hugo L. Black U.S. Courthouse</b> <b>1729 Fifth Avenue North</b> <b>Birmingham, Alabama 35203</b></p> <p>Garrison, Sr. v Medicredit, Inc. 5:21-cv-00346-HNJ Summons and Complaint to Medicredit, Inc.</p>

